

UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

John Covert

(Enter above the full name of  
plaintiff in this action)

CIVIL CASE NO: \_\_\_\_\_

(to be supplied by Clerk  
of the District Court)

v.

Brenda Hauser, RN/ICN

MS. B. Mason, Warden

MS. White

Prison Health Services

(Enter above the full name of  
the defendant(s) in this action)

COMPLAINT

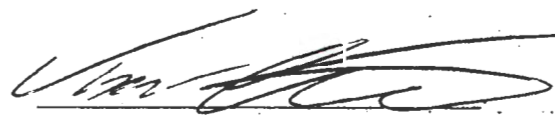
1. The plaintiff John Covert a citizen of  
the County of Frankville State of  
Pennsylvania, residing at SCI-Mahanoy  
wishes to file a complaint under lack of medical care  
(give Title No. etc.)

2. The defendant is Brenda Hauser, RN/ICN, MS. B. Mason,  
Warden, MS. White, Prison Health Services

3. STATEMENT OF CLAIM: (State below the facts of your case. If you have paper exhibits that give further information of your case, attach them to this completed form. Use as much space as you need. Attach extra sheet(s) if necessary) I have excused

3. (CONTINUED) all my results. I have put in request,  
804's, Appeals, and Final appeals to get the medication  
and Physical therapy that I need for my plantar  
fasciitis I have on both feet. My doctor and  
my foot and ankle Specialist sent in my paper  
work on what I need done to my feet.  
SCI-mahoney only give's me Elferpn-booms  
I am supposed to be on Galpin booms and  
have physical therapy.

4. WHEREFORE, plaintiff prays that I will be able to get  
my physical therapy and my Galpin booms.  
To have the medical treatment that was recommended  
by my doctor and my foot and ankle  
Specialist.

  
(Signature of Plaintiff)

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

(1) John Covert 1124257  
(Name of Plaintiff) (Inmate Number)

(Address)

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)

(Address)

(Each named party must be numbered,  
and all names must be printed or typed)

vs.

(1) Brenda Hauser, RN/ICN

(2) MS. White

(3) Warden, MS. B. Mason  
(Names of Defendants)

(Each named party must be numbered,  
and all names must be printed or typed)

(Case Number)

CIVIL COMPLAINT

FILED  
HARRISBURG, PA

NOV 02 2020

PER

MW  
DEPUTY CLERK

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS  
☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:

1. What steps did you take? Sent requests, Grievance's,  
Appeal's, and Final appeal's,
2. What was the result? It all got denied.

- D. If your answer to "B" is No, explain why not: \_\_\_\_\_

## III. DEFENDANTS

- (1) Name of first defendant: Brenda Houser, RN/ICN

Employed as RN/ICN at SCI-mahanoy  
Mailing address: 301 morea rd. Frackville P.A, 17932

- (2) Name of second defendant: MS. White

Employed as Deputy at SCI-mahanoy  
Mailing address: 301 morea rd. Frackville P.A, 17932

- (3) Name of third defendant: Warden, MS. B. Mason

Employed as Warden at SCI-mahanoy  
Mailing address: 301 morea rd. Frackville P.A, 17932

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. On the lot of action's I have asked why I can  
get my physical therapy and my medications. She has  
been trying to take me off all my pain meds.

2. Not wanting to help and not helping to push the medical department to do what my doctor and my foot and ankle specialist recommendations.
3. Not wanting to help and keeps telling me that she can't help at all. Keeps putting me off and telling me different things.


#### V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)


1. To be able to have my physical therapy and the medication's I need for my plantar fasciitis.
2. TO have my physical therapy and medication so I am not in a lot of pain all the time.
3. To have people that want to work and help people to do what was recommended by doctors and specialists.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27<sup>th</sup> day of October, 2020

  
(Signature of Plaintiff)



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 08/6/1984	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 10-26-2020	7. TIME (A.M. or P.M.) 15:10pm	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)  That I have very bad Planter Rasciitis in both feet and wearing state boots make my feet worse and makes it hard for me to walk.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) Sci-Mahaney 301 moren rd. Frackville P.A, 17932					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.  It hurts everytime I have to walk far, It is getting harder for me to walk.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
<b>12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$900.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 900.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ALL DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 			13b. Phone number of signatory	14. DATE OF CLAIM 10-27-2020	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

# PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2871 et seq., 28 C.F.R.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
 C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
 D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim

## INSTRUCTIONS

Complete all items - insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Tort Branch  
 Civil Division  
 U.S. Department of Justice  
 Washington, DC 20530

and to the  
 Office of Management and Budget  
 Paperwork Reduction Project (1105-0008)  
 Washington, DC 20503

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number, ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? *It is necessary that you ascertain these facts*

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☒ No



John Covert AB  
N2-4257  
Sci-mahanoy  
301 Morea Rd.  
Frackville PA 17932

INMATE MAIL  
PA DEPT OF CORRECTIONS



U.S. POSTAGE



ZIP 17932  
02 47  
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RECEIVED  
HARRISBURG, PA

NOV 02 2020

PER

DEPUTY CLERK

Clerk of the Court  
U.S. District Courthouse  
U.S. Courthouse  
228 Walnut Street  
P.O. Box 983

Harrisburg PA, 17101

17108\$0983 B011



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